

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-878)

SERIAL NO.

09/720,494

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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50						
TOTAL IND.			1			
TOTAL DEP.			10			
TOTAL CLAIMS			11			

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
51												
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100												
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMDMENTS

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